

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026226

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 902

FILED JUL 23 1962

VS 300
Rev. 4/59

1 0128

2 0620

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9 1621

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12 5-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY **BUTLER**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **POPLAR BLUFF**Length of stay in lb
40 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **VA HOSPITAL**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **MADISON**c. CITY OR TOWN **FREDERICKTOWN**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RFD # 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
CHARLEY LOUIS VESSELS4. DATE OF DEATH Month Day Year
JULY 6 19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-20-139. AGE (last birthday)
48IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELECTRONIC TECHNICIAN10b. KIND OF BUSINESS OR INDUSTRY
ELECTRONICS11. BIRTHPLACE (City and state or country)
FREDERICKTOWN, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

THOMAS VESSELS

13b. MOTHER'S MAIDEN NAME

DAISY WINEIEGER

14. NAME OF HUSBAND OR WIFE

NONE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**YES****PL 28**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA, HOSPITAL RECORDS, POPLAR BLUFF, MO.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **BRONCHOGINIC CARCINOMA**INTERVAL BETWEEN
ONSET AND DEATH
2 Yrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.)

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 28, 1962** to **July 6, 1962**Death occurred at **10:18 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Physician or title)

22b. ADDRESS

22c. DATE SIGNED

M.V. MALINOSKI, M.D. Actg. Chief, Surg. Svc. VA HOSPITAL, POPLAR BLUFF, MO. 7-11-6223a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
7-8-6223c. NAME OF CEMETERY OR CREMATORY
ANTIOCH23d. LOCATION (City, town, or county)
MADISON Co. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

ADAMSON-WEBB FREDERICKTOWN**7/21/1962****Thelma Graham**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FEB 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4284

P. O. Address Fredericktown Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.